

**NATIONAL INSTITUTES OF HEALTH**

**Division of International Services**

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**Bethesda, MD 20892**

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**<http://www.nih.gov/od/ors/dirs/isb/isb.htm>**

**J-1 Exchange Visitor Transfer "OUT" Request**

Date: \_\_\_\_\_

This form should be completed by a J-1 Exchange Visitor (Visiting Fellow) wishing to transfer program sponsorship from The National Institutes of Health to another J-1 program sponsor. This transfer should be requested at least (2) two weeks before the effective date of transfer, and no later than the ending date on the current DS-2019.

In addition, if you are transferring to a non-U.S. Government program, please inquire with the Responsible Officer/Alternate Responsible Officer of the new program sponsor of payment of the necessary SEVIS fee.

Name of Exchange Visitor: \_\_\_\_\_

Current local address: \_\_\_\_\_

\_\_\_\_\_

Current telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Names of J-2 dependents with me in the US: \_\_\_\_\_

**I request a transfer of my program to:**

Name of institution/program sponsor: \_\_\_\_\_

Program Number: \_\_\_\_\_ Effective Date of Transfer: \_\_\_\_\_

Field of research/activity at new institution: \_\_\_\_\_

**I understand that I must report to the J-1 Responsible Officer/Alternate Responsible Officer of the new program sponsor within 10 days after arriving at the new location. If I do not report within 10 days, I understand that my SEVIS record will be terminated, and that I will be in violation of my J-1 status.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name of Exchange Visitor**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**LAB SPONSOR**

**Transfer Recommendation**

I have reviewed the transfer request. The research/activities at the new location are consistent with the Exchange Visitor's original goals and objectives. I do not object to the Exchange Visitor's request to transfer. A "Termination Notice" has been sent to DIS.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name of Lab Sponsor**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

DIS Use Only

This transfer entered into the **SEVIS database** on \_\_\_\_\_ to be effective on: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name of NIH RO/ARO**

\_\_\_\_\_  
**Date**